

MDCH Nursing Facilities Database

January 2007

(Provider Types 60, 61, 62, 72, and 64)

Physical Therapy, Occupational Therapy, Speech Pathology

Reimbursement information can be found on the MDCH website www.michigan.gov/mdch >>> Providers >> Information for Medicaid Providers >> Provider Specific Information, Therapies.

Daily Nursing Care (Revenue Codes 0110, 0120, 0130, 0140, 0150) – Reimbursement is the facility's established rate as determined by Medicaid.

Hospital Swing Beds - \$148.41 (January 1, 2007)

Hospital Leave Day (Revenue Code 0185) - \$84.88/day (October 1, 2006 – September 30, 2007)

Therapeutic Leave Day (Revenue Code 0183) – Reimbursement is the facility's normal daily rate.

Medicare/Medicaid Coinsurance Days - \$124.00 (January 1, 2007 – December 31, 2007)

(Provider Types 61, 62)

Oxygen (Revenue Code 0410) – Interim reimbursement is based on a percentage of charge. Final reimbursement is calculated during the respective period's cost settlement and is based on that period's audited cost to charge ratio.

All other services are included in the Nursing Facility's per diem rate or are ancillary services that must be provided and billed by the appropriate enrolled provider.

Additional Nursing Facility Reimbursement Information

Additional reimbursement information can be found on this MDCH website, click on Providers, Information for Medicaid Providers, Nursing Facility Cost Reporting Information.